

Name of Party or Representative

Address \_\_\_\_\_

Telephone \_\_\_\_\_

☐ Claimant or ☐ Employer

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

_____	)	AB No.: _____
Claimant,	)	
	)	DCD No.: _____
vs.	)	
	)	Accident Date: _____
_____	)	
Employer,	)	
	)	
and	)	
	)	
_____	)	
Insurance Carrier.	)	
_____	)	

NOTICE OF HEARING  
AND  
CERTIFICATE OF SERVICE

MOTION HEARING DATE: \_\_\_\_\_

MOTION HEARING TIME: \_\_\_\_\_

NOTICE IS HEREBY GIVEN that the Motion attached hereto shall come on for hearing before the Labor and Industrial Relations Appeals Board in Room 404 of the Keelikolani Building, 830 Punchbowl Street, Honolulu, Hawaii at the date and time

noted above, or as soon thereafter as the parties may be heard.

The Board will contact non-Oahu participants at the following telephone numbers for the hearing:

Claimant or Claimant ' s Representative:

\_\_\_\_\_

Employer or Employer ' s Representative:

\_\_\_\_\_

Dated: \_\_\_\_\_.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

I hereby certify that a copy of the foregoing document was sent to the following parties by means of hand-delivery and/or U.S. Mail, postage prepaid at the last known address(es) [Name(s) and address(es) of person(s) receiving copy ] :

Dated: \_\_\_\_\_.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_